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ABSTRACT

Related services include transportation and such developmental, corrective, and supportive services that enable a student with a disability to benefit from special education. Rural school districts have difficulty providing services comparable to those provided by urban districts. Special education directors of 11 of the 15 rural school districts in Nevada responded to a survey concerning related services. The number of special education students in these districts ranged from 25 to 1,146, and the number of schools ranged from 3 to 19. The only three related services available in all districts were speech pathology, counseling, and psychological services. Occupational and physical therapy were available in the majority of the districts. Six or more of the 11 districts reported that audiology, social work, parent counseling and training, and recreation were not available. The most frequent reason provided for unavailability of a service was that there was no allocation for personnel in that area. In only three instances was a position open due to difficulties in hiring a qualified person. Only one school district reported that all related services were available. Most of the available services were provided to 20 or fewer students in a district. The primary way of providing services was through certified school district employees, but some remote districts provided services through independent contracts with service providers. Two districts provided services through collaboration with other agencies. Four tables list related services and present survey results. (TD)

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PROVIDING RELATED SERVICES TO STUDENTS WITH DISABILITIES IN RURAL AND REMOTE AREAS OF NEVADA

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RC 020990

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PROVIDING RELATED SERVICES TO STUDENTS WITH DISABILITIES IN RURAL AND REMOTE AREAS OF NEVADA

According to the implementation regulations for the Individuals With Disabilities Education Act (PL 101-476), related services "means transportation and such developmental, corrective, and other supportive services as are required to assist a child with a disability to benefit from special education" (Federal Register, 1992, p. 44803). In addition to transportation, the regulations specify the related services included in Table 1. The regulations also define assistive technology services and devices, which can be included in the Individualized Education Plan (IEP) as related services.

Table 1
Related Services Specified Within PL 101-476

1. Speech pathology
2. Audiology
3. Psychological services
4. Physical therapy
5. Occupational therapy
6. Recreation, including therapeutic recreation
7. Early identification and assessment of disabilities in children
8. Counseling services, including rehabilitation counseling
9. Medical services for diagnostic or evaluation purposes
10. School health services
11. Social work services in schools
12. Parent counseling and training

Related services are supposed to be those services that a student with a disability needs in order to receive an adequate, or appropriate education. Thus, the determination of the related services needed by a particular student is to be individualized (Zirkel & Knapp, 1993). Whether an IEP team is in an urban or rural area, it can be difficult to determine the necessity of related services. Giangreco (1995) suggests that proposed related services must be *educationally relevant* as well as *educationally necessary*. For a related service to be educationally relevant it must be pertinent to the student's IEP. Once it is determined that a related service is educationally relevant it must also be determined if the service is educationally necessary. Giangreco proposes doing so through four "tests":

1. Is there any existing evidence that suggests the absence of the related service will interfere with the student's access to or participation in the individualized educational program? If by not providing the service, the student's benefit from the educational program is jeopardized, then the service is educationally relevant. If education is not jeopardized by the service's absence, then the service is not educationally relevant.

2. If the service passed the first test, then the team must review voids, redundancies, and incongruity of recommendations. For example, if there is overlap between recommendations, the team must decide if that overlap is necessary (e.g., a physical therapist and occupational therapist both

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make recommendations regarding positioning; a speech pathologist and assistive technology specialist make recommendations regarding augmentative communication).

3. The third question suggests reviewing the necessity of the related service with the recommending party as well as the receiver of the service. For example, a speech pathologist proposes services related to oral motor difficulties at lunch time. However, the teacher and paraprofessional have sufficient previous training and experience and it is determined that the service is not needed. On the other hand, such a service could be invaluable to new personnel working with a specific student. (Thus, this test serves as a reminder that related services decisions are made on a case-by-case basis.)

4. The fourth test pertains to whether or not a service provided in one set of circumstances can be appropriately generalized to another context without the direct involvement of related services personnel. For example, if an occupational therapist provided information regarding use of hand splints in one classroom; it is reasonable to assume that this information could generalize to other classrooms. In contrast, it could also be determined that the services are needed in another setting.

Although both urban and rural districts must deal with issues of educational relevance and necessity when determining the need for related services, rural districts have additional, unique variables that impact the delivery of related services.

Rural Issues in Delivering Related Services

The most difficult students to serve in rural areas are those who have low incidence disabilities (e.g., moderate or severe mental retardation and multiple disabilities, orthopedic impairments, emotional disturbance, vision or hearing impairments, and those students requiring related service) (Helge, 1984). Typically, in rural areas there are low numbers of students requiring such services and it is not unusual for these students to be geographically dispersed. The difficulty of providing appropriate services is compounded by difficulties in recruiting and retaining professionals with the appropriate qualifications. Factors that interfere with recruitment and retention include (a) professional isolation that can be experienced in rural areas, (b) limitations in professional resources, (c) conservative community attitudes toward innovation, (d) lower salaries than urban areas, and (e) lack of recreational, cultural, and educational opportunities (Marrs, 1984). In some instances it becomes difficult to retain qualified professionals because they were not appropriately trained or prepared for working in a rural or remote area. Often times it becomes necessary to hire individuals without the appropriate qualifications in order to provide services. Additionally, the difficulties in retaining qualified professionals can result in program inconsistencies and instability. The problems pertaining to recruiting and retaining qualified professionals means that some rural students with disabilities may be unserved or underserved (Berkeley & Ludlow, 1991). All of the above issues contribute to obstacles in providing related services to students with disabilities in rural and remote areas.

The purpose of this study is to discuss the results of a survey completed by special education directors of rural districts in Nevada. We will discuss the services provided, the problems encountered in providing these services, and proposed solutions.

Related Services in Nevada

A survey was sent to the special education directors of 15 of the 17 Nevada school districts. (Two districts were excluded due to being primarily urban.) Eleven of the 15 (73%) districts returned completed surveys. The total number of students in these districts ranged from 125 to 10,524 while the total number of special education students ranged from 25 to 1,146. The total number of schools within the districts ranged from only 3 schools to 19 schools. In many instances, the districts are quite large with distances of over 200 miles between schools.

The survey included questions on the following topics: (a) related services available within each district, (b) number of students with disabilities receiving each related service, (c) manner in which each related service is provided within the district, (d) related services that are **not** available within the district and the reason(s) why, (e) creative solutions to providing related services to students with disabilities, and (f) barriers to providing related services to students with disabilities.

Survey Results. Table 2 provides a summary of the total number of districts reporting that a specific related service was available as well as the manner in which that service was provided. The only three related services reported as available by all districts were speech pathology, counseling, and psychological services. Although the primary way of providing these services was through the use of school district employees who were certified for that area, some remote districts tended to provide psychological services by contracting with qualified individuals employed by other agencies or districts. Occupational and physical therapy were reported to be available by the majority of the districts; however, these services were typically provided through contracting with private therapists. In many instances, these therapists were willing to travel to the school to provide the services. Six or more of the 11 districts reported that audiology, social work, parent counseling and training, as well as recreation were not available within that district (See Table 3). The most frequent reason provided for unavailability of a service was that the school district had no allocation for personnel in that area. In only three instances was a position open due to difficulties in hiring a qualified person; these areas included occupational and physical therapy as well as rehabilitation counseling. In the area of occupational therapy, two districts had students with need and reported the service as available but had no one to provide services. In one instance the occupational therapist quit just a few weeks prior to this survey. Only one school district reported that **all** related services were available within that district. Within this district it was indicated that services such as audiology, school health services, counseling, social work, medical (for evaluation and diagnostic purposes) were available to all students "as needed" or "by IEP designation."

Table 4 provides a summary of services available based on number of students receiving services within a district. As can be seen most of the available services are provided to fewer than 50 students in a district. As a matter of fact, an overwhelming majority of the districts represented in the "0-50" column actually provided the services to 20 or fewer students. As is evident, the number of students with a need in a particular area is usually low in the rural districts of Nevada. Exceptions to the low numbers of students are "high incidence" services such as speech pathology and psychological services. Most of the respondents indicated that psychological services were available to all special education students through assessment

or testing. Similarly, it was frequently indicated that school health services were available to all special education students within a district.

Table 2

Number of Districts Reporting Each Method of Providing Related Services

RELATED SERVICE	SCHOOL DISTRICT EMPLOYEE: CERTIFIED STAFF	SCHOOL DISTRICT EMPLOYEE: PARAPROFES-SIONAL STAFF	CONTRACT VENDOR: SERVICE AT SCHOOL	CONTRACT VENDOR: SERVICE AT VENDOR SITE	TOTAL NUMBER OF DISTRICTS STATING SERVICE AVAILABLE
Audiology	1	0	1	3	5
Speech Pathology	9	2	1	0	11
Occupational Therapy	1	2	6	3	9
Physical Therapy	1	2	7	4	10
School Health Services	9	4	0	0	10
Counseling	10	2	1	1	11
Rehabilitation Counseling	2	0	0	4	6
Social Work	1	0	0	2	3
Parent Counseling and Training	5	0	0	1	6
Medical (evaluation & diagnostic purposes)	2	1	0	4	6
Assistive Technology Services & Devices	7	1	3	0	10
Psychological Services	7	1	4	0	11
Recreation	2	0	1	0	4
Transportation	5	8	0	0	10
Other: (Please Specify) Vision	0	0	1	0	1
Extended School Year	0	0	0	0	1
Community-based job training & supported employ.	1	0	0	0	1
Adapted PE	1	0	0	0	1

Table 3

Reasons Given for Unavailability of Specific Related Services
(Number of Districts)

TOTAL NUMBER OF DISTRICTS REPORTING SERVICE IS UNAVAILABLE	RELATED SERVICE	NO STUDENTS WITH NEED WITHIN DISTRICT	POSITION OPEN; UNABLE TO HIRE QUALIFIED PERSON	NO ALLOCATION FOR THIS AREA
6	Audiology	2	0	2
0	Speech Pathology			
3	Occupational Therapy	1	1	0
1	Physical Therapy	0	1	0
1	School Health Services	0	0	1
0	Counseling			
5	Rehabilitation Counseling	1	1	4
8	Social Work	1	0	5
6	Parent Counseling and Training	0	0	3
5	Medical (evaluation & diagnostic purposes)	0	0	4
1	Assistive Technology Services & Devices	0	0	1
0	Psychological Services			
7	Recreation	0	0	4
1	Transportation			

Table 4

Number of Districts Providing Related Services According to Number of Students

Related Service	Number of Students													
	As Needed	0-50	51-100	101-150	151-200	201-250	251-300	301-350	351-400	401-450	451-500	>500	# Not Reported or Not Known	Not Provided by District
Audiology		2		1									2	6
Speech Pathology		2	3			1		1		1	1		2	0
Occupational Therapy		6	2										2	1
Physical Therapy		8											2	1
School Health Services	5	0		1					1			1	2	1
Counseling	3	3	1	1									3	0
Rehabilitation Counseling	1	2	1										2	5
Social Work Services	2	1											0	8
Parent Counseling & Training	1	1	2										1	6
Medical (evaluation & diagnosis)	2	2											2	5
Assistive Technology		8											2	1
Psychological Services	2	1	2	1			1		1			2	1	0
Recreation	1	2											1	7
Transportation	1	3	1	3								1	2	1

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The greatest barrier to providing related services centered on the districts' inability to recruit qualified personnel for the positions. In many instances it was reported that this difficulty was related to the remoteness of the district or the site where services were needed. For example, one special education director indicated that the greatest barrier was the "distance to more rural sites; many are isolated and we are unable to get qualified people to provide services on site without incurring huge costs." Other districts also reported difficulties related to costs. Another special education director reported that it was difficult to hire qualified physical therapists because "salary is not commensurate with private employment." In a few instances it was reported that related service personnel were willing to provide services to a district but they were unwilling to travel to some sites and so the student, parent, and staff had to travel to the vendor site.

Creative solutions reported as used by the districts to provide related services were numerous. The most common solution was to make use of independent contracts with service providers, particularly in the areas of physical and occupational therapy. In several instances, the providers of these contract services were asked to work in a collaborative or consultative manner with district staff or to train classified staff in the implementation of recommendations. For example, "the vendor trains staff to perform day to day functions." One special education director reported a rather unique means of using two independent contractors for physical therapy and one full-time district employed occupational therapist: "We arrange assignments so that each has particular schools to cover. Those students at a school assigned to the OT who also need PT are evaluated etc. by the PT and a program is developed. The OT carries out the program and the PT consults on a regular basis. The opposite is true at the PT schools." In only two instances did districts report using community services to provide school health services (e.g., through community or public health nurses), rehabilitation counseling (e.g., through Bureau of Vocational Rehabilitation), social work (e.g., through a social services agency), and recreation services.

Discussion

Many of the problems discussed in the literature are evident in Nevada. For example, a lack of qualified personnel who are willing to travel or relocate to rural areas, low numbers of students needing a particular service, the geographic disbursement of students, and distances from urban areas all contribute to problems in providing related services. However, the solutions implemented in Nevada are also reflected in professional literature. Katsiyannis (1990) recommended that interagency agreements should be formed with other agencies charged with similar responsibilities (e.g., mental health/mental retardation agencies). It was reported in this survey that two districts are providing services through collaboration with other agencies. Katsiyannis also recommended the use of the private sector or contracts with hospitals in the areas of occupational and physical therapy. Again, this practice is evident in Nevada. A unique solution is the manner in which one school district uses occupational and physical therapists to collaborate with one another while only one is responsible for direct services.

Another professional recommendation, not evident in Nevada at this time, is the use of rural school cooperatives (Fletcher & Cole, 1992). They recommend cooperatives (e.g., a service district that encompasses more than one school district) for the provision of low incidence services such as related services in order to pool resources for common purposes. Such a practice can allow school districts with small numbers of students needing a specific service to meet federal and state requirements for providing services while at the same time dealing with limited resources.

Summary

Rural school districts historically have difficulty in providing services comparable to those provided by urban districts. Although these difficulties are evident in Nevada, there are also viable solutions being implemented. In implementing solutions to providing related services in any rural school district it is important to remember that decisions must be made on a case-by-case basis through the IEP process. There should not be blanket policies regarding related services (e.g., who receives which services, whether or not services are available) (Zirkel & Knapp, 1993). Determination of the need for related services for a particular student involves a process of determining educational relevance as well as educational necessity (Giangreco, 1995). That is, the IEP team must identify those services that are needed for the student to have a reasonable opportunity to benefit from the educational program. Once it is ascertained that related services are needed, the school district must make provisions for that service. Providing related services in rural and remote school districts can be challenging. Although difficulties are evident in Nevada, as they are in any rural state, innovative solutions are also apparent.

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